UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.38
8 November 1995

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 9 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Oman

SUMMARY

The Executive Director presents the country programme strategy note for Oman for a programme of cooperation for the period 1997 to 2000.

As Oman has made great progress since 1990 and most of the mid-decade goals have been achieved, this will be the final regular country programme of cooperation. As such, it aims to put strong emphasis on capacity-building, particularly to strengthen the systems for planning and monitoring the situation of children and women, and to focus on social mobilization and communications for the transfer of knowledge and skills to the community to ensure the sustainability of the gains made to date. Support will be provided to national efforts and organizations which could assume from UNICEF the functions of monitoring the situation of children and women, advocating for their well-being and promoting knowledge on development issues after the year 2000. New modalities of cooperation also will be explored. The components of the programme, which are in line with the priorities established in the national programme of action, include health, nutrition, education, planning and social statistics, and communication and social mobilization.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. Oman has made great strides in "keeping the promise" of the 1990 World Summit for Children. Most of the mid-decade goals have been achieved. Infant and under-five mortality rates (IMR and U5MR) have been reduced from 29 and 35 per 1,000 live births, respectively, to 23 and 29. Immunization rates are 96 per cent and above. Neonatal tetanus has been eliminated. All hospitals have been certified as baby-friendly. The use of oral rehydration therapy is over 80 per cent. The importation of uniodized salt has been banned and vitamin A supplementation for children at ages 9 and 15 months has been introduced. The net primary school enrolment rate has reached 83 per cent for males and 81 per cent for females (1994) and the gross enrolment rate is 96 per cent for males and 91 per cent for females. Furthermore, a national programme of action (NPA) has been prepared as the basis for achieving and sustaining the decade goals. The eradication of polio and elimination of measles by the year 2000 is planned, and preparations for ratification of the Convention on the Rights of the Child are at an advanced stage.

2. However, between 1980-1994, the population of Oman grew at the rate of 4.5 per cent per annum. The real value of per capita gross domestic product, which was $5,544 in 1980 and $5,435 in 1994, has declined. Since 1981, budget deficits have increased, and in 1993, the external debt reached $2,661 million. Thus, the Government is faced with a great challenge to sustain the gains that have been made to date.

3. There are also problems that still need to be addressed. The 7.0 fertility rate (1994) is high. Regional disparities in low birth weight range from 5 to 11 per cent. Perinatal death is 18 per 1,000 live births. Inadequate knowledge and care during pregnancy is a major cause of IMR. In 1994, the morbidity rate for acute respiratory infections (ARI) was about 702,000 cases. Approximately 48.5 per cent of pregnant women are anaemic. In 1994, 88 per cent of the doctors and 85 per cent of the nurses were expatriates. The prevention of disabilities and the care and integration of handicapped children have become priority concerns. Furthermore, primary schools need to be expanded to meet the rising demand. The quantitative achievements in education have yet to be matched by qualitative gains. Thus, the quality and efficiency of the education system need to be improved to reduce the high repetition rates of 10-13 per cent in primary school and 13-23 per cent in preparatory schools. More Omani teachers need to be trained to take over from the 53 per cent expatriate teaching corps. The illiteracy rate of 54 per cent (1993) among women needs to be reduced, and women need to be equipped with the knowledge and skills to improve their lives and that of their families. In addition, new problems that have emerged due to rapid social change, such as smoking, traffic and home accidents, need to be addressed.

4. In order to sustain the gains that have made to date and to address the problems that remain, as well as the new problems that have emerged, the Government plans to balance the budget during the period 1996-2000 and actively promote private sector involvement in financing and managing social services. As UNICEF and the World Health Organization (WHO) are the only two United Nations agencies with offices in Oman, no country strategy note has been prepared. However, UNICEF is coordinating its activities closely with WHO and also with the United States Agency for International Development through the Omani-American Joint Commission to ensure complementarity of support.

LESSONS LEARNED FROM PAST COOPERATION

5. Although major social services have become accessible to the majority of the population, they need to be made more efficient and effective. Qualitative achievements in health and education need to be accompanied by quantitative gains (i.e., reduction of mortality and morbidity, elimination of illiteracy and promotion of school completion). The disaggregation of data by gender, district and region is essential to help identify disparities and better target interventions. Problem-oriented studies and surveys are useful as they contribute to the identification of existing and emerging problems. The assessments of learning achievements also have been important as they indicate what needs to be improved in the quality and relevance of learning.

6. While community mobilization and involvement have enabled Oman to make considerable gains, the decline in infant and child mortality has resulted in the survival of more children with disabilities. Disabilities also are increasing due to traffic and home accidents. Thus, the prevention and care of child disabilities need more attention. In fact, there is an overall need to provide technical assistance to build national capacity in research, analysis and implementation of selected key interventions and to strengthen the database. Social service plans need to be based on more accurate assessments of the situation. Women have to be equipped with knowledge and skills. Hygiene education needs to be emphasized. Monitoring and evaluation also need to be strengthened in all programmes. Knowledge-based advocacy must be used increasingly as a tool for social mobilization. Moreover, intersectoral cooperation is essential to improve the impact of programme interventions. Additional support should be given to train nationals to provide a permanent pool of qualified Omani staff. The communities need to be further mobilized and involved in programme planning and implementation. The private sector also must become more involved in financing and managing social service programmes.

7. UNICEF advocacy has successfully kept children's issues high on the national agenda and has brought attention to hitherto unknown problems such as iodine and vitamin A deficiencies. It also has helped to identify the needs of vulnerable groups such as the disabled. Therefore, there is need to establish a national body to sustain these activities and to monitor child- and women-related indicators to ensure that the problems of children and women are given priority attention after the conclusion of the regular UNICEF-assisted country programme.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The objectives of this final UNICEF-assisted regular country programme are to (a) to help the Government address the disparities that remain in health, nutrition and basic education; (b) to strengthen social statistics, policy, planning and advocacy; and (c) to continue to mobilize the community to achieve the goals of the NPA and the national development plans. It also aims to develop new modalities of cooperation, well in advance, to facilitate a successful transition when the UNICEF regular programme comes to a conclusion in the year 2000.

9. In the health programme, IMR and U5MR will be reduced from the 1993 figures of 23 and 29 per 1,000 live births, respectively, to 15 and 23 by the year 2000. Efforts will be made to reduce the maternal mortality rate by the year 2000. The 98 per cent immunization coverage will be sustained. Poliomyelitis will be eradicated and measles will be eliminated. Morbidity due to moderate ARI and diarrhoea will be reduced to 134,000 and 100,000 cases, respectively. Information on hygiene and sanitation as well as on the adverse effects of smoking will be disseminated. The prevention of AIDS as well as the prevention and early detection of childhood disability will be promoted. Service coverage for children with disabilities will be increased from 2 per cent (1993) to 25 per cent, and will include the promotion of community-based care. The overall strategy is to empower families and communities with knowledge and skills to improve child and maternal health. Health staff will be trained to build sustainable national capacity. Data collection and analyses will be strengthened to promote planning based on more reliable information. The data will be disaggregated to target programmes to high-risk areas and reach the most vulnerable groups. Support will be given for the preparation of regional programmes of action for children. Knowledge-based advocacy and social mobilization will be supported to increase the demand for and use of social services.

10. The objective of the nutrition programme is to reduce mild and moderate malnutrition in children under five years of age from 12 to 8 per cent and the prevalence of low birth weight from 8 to 5 per cent in all regions. Support will be provided for the reduction of iron deficiency anaemia among women of child-bearing age from 48.5 per cent (1993) to 37 per cent and the virtual elimination of vitamin A and iodine deficiency disorders. The strategy is to raise public awareness about the importance of nutritious food and micronutrients. Community participation at all levels in needs assessment, analysis and action will be promoted. Regional and gender disparity will be reduced. National capacity will be built through the training of national staff. Women will be empowered to exclusively breast-feed their children for the first four months and to continue breast-feeding, with complementary food, until the child is two years of age. Progress towards the decade goals will be monitored.

11. The education programme aims to raise the net primary and preparatory school enrolment rates to 95 and 72 per cent, respectively, and to improve the quality and content of primary and preparatory education. The strategy is to (a) increase support for policy development, planning and analysis; (b) build national capacity in programme management, monitoring and evaluation; (c) monitor progress towards basic education goals; and (d) develop innovative methods to reach underserved children.

12. The social statistics, policy and planning programme aims to ensure that the problems of children and women remain high on the national agenda by strengthening the database and promoting knowledge-based advocacy for planning appropriate interventions. Disparities will be identified and programmes will be targeted appropriately. The strategy is to strengthen and expand national and decentralized databases for social planning, monitoring and evaluation and to build national capacity in data collection and analysis. Technical support and training will be provided for operational research and studies. Support will be given to promote quantitative and qualitative assessments, the disaggregation of data and the identification of cost-effective ways of providing services. Monitoring and evaluation also will be promoted.

13. The advocacy and social mobilization programme aims to keep children and women high on the national agenda. Social mobilization and the dissemination of information and knowledge needed to promote national intersectoral cooperation will be supported. The strategy is to establish a national body to fully assume advocacy and social mobilization roles for children and women so that the concern for women and children continues to be kept high on the Government agenda. Mass media and face-to-face communication will be used to empower parents and families with the knowledge and skills needed to improve the health, nutrition and growth of their children. Communities will be empowered by having access to information and training materials, and by the training of community workers and volunteers. The capacity of the National Women and Child Care Plan Task Force and National Community Development Programme will be strengthened to tap the immense potential of community support groups and community development workers in improving the health and quality of life of children and women.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2000 a/
(In thousands of United States dollars)

	General resources
Health	600
Nutrition	960
Basic education	960
Social statistics, policy and planning	650
Advocacy and social mobilization	830
Total	4 000

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.

UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.39
17 November 1995

ORIGINAL: ENGLISH

FOR ACTION

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1996
22-26 January 1996
Item 9 of the provisional agenda*

COUNTRY PROGRAMME STRATEGY NOTE**

Sudan

SUMMARY

The Executive Director presents the country programme strategy note for Sudan for a programme of cooperation for the period 1997 to 2001.

Regional imbalance in development, inadequate communications and infrastructure, and proneness to droughts, combined with continuing civil conflict in the south and declining external support, continue to prolong Sudan's precarious social and economic development.

The proposed UNICEF country programme strategy will expand the use of community-based initiatives, mainly in underserved areas, to reduce gender and regional disparities in service access and coverage, strengthen sustainability of services and expand protection of child rights to those in difficult circumstances. Using a multisectoral approach, the programme will help to develop and support primary health care, basic education and water supply and sanitation systems. The programme will help to improve information systems on the status of children and women and enhance the country's capacity to make sustainable progress towards the national programme of action goals for children. UNICEF will assist in capacity-building and empower communities to participate in project planning and management. Community mobilization for local financing and effective monitoring and evaluation will be pursued to enhance sustainability of interventions. The strategy of service delivery will be selective and will focus on disparity reduction in underserved regions. UNICEF will continue its lead role in planning, coordination and implementation of basic services in zones of armed conflict under Operation Lifeline Sudan.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

THE SITUATION OF CHILDREN AND WOMEN

1. The continuing civil conflict affects nearly 5 million people, about 20 per cent of Sudan's population in the southern states, south Kordofan, Darfur and in Khartoum, and drains the economy and drastically weakens social services systems. Inadequate communications and infrastructure and a widely dispersed population further increase costs of providing basic services. Nearly 85 per cent of Sudanese live in poverty. Bilateral aid for development has virtually ceased and the International Monetary Fund and the World Bank have suspended operations.

2. In recent years, the situation of children and women has shown modest improvements. However, the diverse problems the country faces pose major challenges for Sudan to achieve the mid-decade goals by 1995. Although the infant mortality rate has declined from over 200 per 1,000 live births in early 1980s, it is 119 in northern states and 170 in South Sudan. The under-five mortality rate of 128 per 1,000 live births remains high, with the rate in rural areas 19 per cent higher than in urban areas. Immunization coverage is still below the mid-decade targets. Only 69 per cent of infants are immunized with combined diphtheria/pertussis/tetanus and three doses of oral polio vaccines and 76 per cent with measles vaccine. Nearly 56 per cent of pregnant women are immunized with tetanus toxoid. Oral rehydration therapy use is 47 per cent. Diarrhoeal diseases, malaria and respiratory infections are the main causes of child mortality. About one third of children under five years of age are under weight and stunted. Wasting is prevalent in 13 per cent of children. Malnutrition is higher among displaced and war-affected children.

3. The decade goal of reducing the maternal mortality rate (MMR) by one half may be achievable as the level in 1994 was 365 per 100,000 live births compared to 550 in 1989, a 35 per cent decline. However, the challenge is to halve the MMR of 800 per 100,000 live births among displaced and war-affected women. Anaemia, the harmful practice of circumcision which affects 80 per cent of women and the high parity averaging five children per woman in the north and seven in the south are main underlying causes of such a high MMR. Access to primary health care (PHC) facilities in the northern states is less than 30 per cent, and most of the population in the south rely on a few contacts annually by mobile teams. Access to safe drinking water varies from 50 per cent in urban to 30 per cent in rural areas, while access to sanitary facilities is 50 per cent for urban families and 20 per cent for rural families.

4. Significant gender disparities continue. Poverty and armed conflict have caused increases in female-headed households: 50 per cent in the south and 16 per cent among the displaced. About 53 per cent of school-age children are enrolled in the north, compared to 25 per cent among the displaced. Forty per cent drop out before completing grade five mainly due to high costs of attendance. Less than 38 per cent of girls in Darfur, Kordofan and the south attend school compared to 71 per cent in Khartoum.

LESSONS LEARNED FROM PAST COOPERATION

5. The preparation of country strategy note for United Nations collaboration serves as a catalyst for developing strategies and programmes for national goals related to the national programme of action (NPA) and the Convention on the Rights of the Child. For example, in rural communities appropriate strategies have been applied to strengthen the interaction and the results of the economic gains of the area development schemes assisted by the United Nations Development Programme (UNDP) with social services promoted through the UNICEF-assisted child-friendly village initiative (CFVI). In contrast, strategies did not

sufficiently address the sustainability of the expanded programme on immunization (EPI). Major shortcomings included the heavy dependence on external funding and high-cost campaigns, the low demand for immunization and an insufficient focus on integration with other PHC components. The EPI strategy will be modified to strengthen its integration with the PHC system. A strong social communication campaign will raise public demand for immunization.

6. Systems of programme delivery need be chosen that ensure affordability, sustainability and government financing. The shift of responsibility for basic services from federal to local states and the concomitant development of state situation analyses and programmes of action provide a good basis for the further decentralization of UNICEF cooperation. The microplanning initiated by CFVI, now in 200 villages, helped to promote wider community participation. The UNDP area development scheme, in collaboration with the International Fund for Agricultural Development (IFAD) and non-governmental organizations (NGOs), provides an appropriate framework in which income generation and employment for the rural poor can be synergized with community initiatives for social services promoted by CFVI. A UNICEF-sponsored study will determine the feasibility of introducing low-cost technologies for water supply and sanitation to promote national self-reliance.

7. Weaknesses in data reporting on children and women constrain the quantification of achievements and hinders planning. Therefore, UNICEF will collaborate with national institutions, NGOs and United Nations agencies to establish mechanisms to compile data needed for sound programmes. Innovative sources of financing are promising, such as debt swaps with donors. Communities have been contributing to water supply and sanitation schemes. Existing traditional social security systems have been consolidated in a Social Solidarity Fund using funds such as Zakat (Islamic Alms Tax) to provide services to the needy. Collaboration with NGOs and the World Food Programme in health, basic education, water supply and sanitation, and nutrition in the south under Operation Lifeline Sudan can be adapted to other vulnerable groups. Corridors of peace and cease-fires also have proven effective for interventions such as EPI and guinea worm eradication.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The goals of Sudan's NPA and National Comprehensive Strategy (1992-2002) are based on the World Summit for Children goals. These include a reduction by one half of the 1990 levels of infant, child and maternal mortality and of severe and moderate malnutrition; and universal access to safe drinking water, sanitary means of excreta disposal and basic education. The Government also plans to eliminate adult, mainly female, illiteracy; improve the protection of children in difficult circumstances; and eliminate harmful traditional practices affecting girls and women.

9. Given the experience of past UNICEF cooperation and the gradual improvement in social development indicators over the past decade, the Government of Sudan/UNICEF programme of cooperation will aim to: (a) reduce disparities in service access and coverage for children and women and strengthen the sustainability of these services; (b) strengthen PHC, basic education and water supply and sanitation systems to ensure sustainable service coverage for children in selected disadvantaged areas; (c) improve information systems on the status of children and enhance national capacity to make sustainable progress towards the NPA goals for children; and (d) expand the protection of child rights to those in difficult circumstances.

10. A principal set of strategies will expand the use of community-based initiatives, especially in underserved areas, to help reduce disparities in service access and coverage; assist the Government in national- and local-level capacity-building; and empower the community to participate in the planning and management of activities. Other supportive strategies will include community mobilization for local financing and effective monitoring and evaluation to enhance sustainability of interventions. A strategy for gender equity will be integrated into key service programmes, guided by indicators related to the survival, development and participation of girls and women. The service delivery strategy will be selective, with a focus on disparity reduction by targeting displaced and war-affected families and rural areas of Kordofan and Darfur states. Emergency activities will be integrated in respective sectoral programmes.

11. UNICEF cooperation in maternal and child health (MCH) will focus on raising immunization coverage for all antigens for infants and pregnant women to at least 80 per cent and sustaining these levels, and reducing child morbidity and mortality due to preventable diseases. The capacity of the PHC system will be developed to integrate MCH services at all levels. At the national level, UNICEF and the World Health Organization will promote and support the integration of health services with the Ministry of Health Directorate of PHC. At the district level, the health area system will be the main PHC strategy for decentralizing and integrating health services. In addition, communities will be empowered to plan and manage services and to finance health interventions. Capacity-building also will address staff development in management and planning at local and national levels, as well as in improved monitoring to identify high-risk areas, assess service coverage and undertake disease surveillance. A PHC referral system will be established to provide support and guidance and to maintain regular supervision of PHC units and dispensaries. An effective reporting system will be developed to monitor PHC activities with a timely monitoring system to stimulate course corrections. Mobile teams will only be used in areas where no health facilities are within reach. Social communication activities for the control of diarrhoeal disease and EPI will be integrated with other PHC components. Home case management of diarrhoea will be promoted through community workers and traditional healers. Safe motherhood practices will be instituted at all PHC facilities through the training of village midwives and traditional birth attendants who will provide maternal services to all pregnant women, especially in rural areas. Social mobilization and education activities will sensitize families to discontinue harmful traditional practices, especially female circumcision. Advocacy and technical guidance will support the nationwide expansion of breast-feeding practices, and promote child spacing in collaboration with the United Nations Population Fund as part of follow-up action to the International Conference on Population and Development.

12. The water supply and sanitation programme will contribute to increasing access to safe drinking water from 30 to 45 per cent and from 10 to 50 per cent in guinea worm endemic areas, and to sanitary means of excreta disposal in rural areas from 20 to 40 per cent. Well-designed educational material on guinea worm control will be disseminated to the public. Community ownership and capacity-building for village-level operation and maintenance of hand-pumps and low-cost sanitation options will be promoted. The involvement of women in local health committees and as pump mechanics will be expanded.

13. UNICEF cooperation in basic education and child protection will help to increase retention and completion of the sixth grade for 80 per cent of girls and boys. The service delivery strategy will be two-pronged and include the expansion of community-based education services to working, displaced and war-affected children, as well as support to innovative schemes for nomads. UNICEF will support improved databases for planning, management and monitoring

of basic education, strengthen curricula with life skills and improve teachers' competencies. Community mobilization will promote community ownership, management of services and reduction of gender disparities. Community-based models for early detection and interventions for child disability, family reunification, psycho-social recovery and peace education will focus on awareness-building on child rights and optimizing collaboration with NGOs. Local communities will be mobilized for self-help schemes for financing education.

14. Expanding CFVI to 500 villages will involve the integration of community-based services with area development schemes supported by UNDP and IFAD. This will allow decentralization of the NPA and empowerment of communities to assess their situation and promote sustainability. Nationally, the programme integration component will encompass advocacy and social mobilization, as well as planning, monitoring and evaluation, to support achievement of the objectives and strategies. UNICEF will disseminate the principles of the Convention on the Rights of the Child to policy and decision makers and the public-at-large, along with building national capacity for monitoring of the Convention; support evaluation of social communication strategies for priority sectoral goals; and improve capacities for costing of social services and the effective use of data for policy-making, programme design and monitoring the situation of children and women.

15. Mainstreaming of gender issues will be pursued through gender training, advocacy and support to the Convention on the Elimination of All Forms of Discrimination Against Women and the use of gender disaggregated data for programme planning and monitoring. UNICEF will help to build capacity in eight vulnerable states by conducting situation analyses, and developing, implementing and monitoring the state programmes of action. National capacity for monitoring and evaluation will be strengthened through support to annual assessments of progress using the multiple indicators survey and updating the situation analysis in collaboration with the Central Bureau of Statistics and its subnational units to guide the mid-term review and recommend actions for improving programme sustainability.

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/
(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Health and nutrition	7 800	10 500	18 300
Water supply and sanitation	5 000	8 150	13 150
Basic education and child protection	3 500	3 100	6 600
Area-based programmes	2 100	3 000	5 100
Programme integration	1 250	250	1 500
Total	19 650	25 000	44 650

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.